

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	(
19	(
20)					
21	2					
22	2					
23	/					
24	/					
25	/					
26)					
27	/					
28	/					
29	/					
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35	/					
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37	/					
38	/					
39	/					
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41						
42						
43	/					
44	/					
45	(1)					
46	/					
47	/					
48	/					
49	(1)					
50	(1)					
TOTAL IND.	16					
TOTAL DEP.	43					
TOTAL CLAIMS	59					

	IND	DEP	IND	DEP	IND	DEP
51		0				
52		0				
53		0				
54	1					
55	1					
56	1					
57		0				
58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						